U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 260C	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Stephen J Dippel	Name Plumbers + Steamfitters Local 136 Labor Organization File Number 043 439
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5021 Old Boonville Hux	Street 2300 St Joseph Industrial Park Dr.
cay Evansuille	city Evansville
State IN ZIP Code + 4 477/5-2/20	State IN ZIP Code + 4 47720
5. Position in labor organization.  Door Geord	·

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Goedde Plumbing + Heating, I've	Christmas gift \$50.00 net pay \$46.17
Trade Name, if any:	ne+ pay \$46.17
P.O. Box, Bidg., Room No., if any	
	7.b. Amount.
Street 1401 Buchanan Rd	
cay Evansuille	\$50.0°
State TW ZIP Code + 4 47720	

## Signature

15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyin undersigned's knowledge and belief, true, correct, and complete. (See the section)	g docur	nents), has been exam	ned by the signatory and is, to the best of the
Signed Stype of Dipped	On	<i>6-27-05</i> Date	812-479-/960 Telephone Number

Name of Person Filing	File Number U- 260 4
B. Held an interest in or derived income or economic benefit with monet substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor or	r otherwise dealing with the business is actively seeking to represent, or y or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
	12.D. AIROME.
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of m	under parts A and B above) noney or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.

<ol> <li>Name and eddress of Employer or (including trade name, if any).</li> </ol>	Labor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State	ZiP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.